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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

Application Number	10/729,161
Filing Date	December 5, 2003
First Named Inventor	Bruce H. Storm
Examiner Name	Rose Mary Miller
Art Unit	2856
Attorney Docket No.	1391-26101 (990176U1P1D1)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-1515 Deposit Account Name: Conley Rose, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	50.00	= 0.00			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	0	x 200.00	= 0.00			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0	/ 50 = 0 (round up to a whole number) x	0	= 0.00

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0.00
Other: Supplemental Information Disclosure Statement	180.00

SUBMITTED BY

Signature		Registration No. 39,624 (Attorney/Agent)	Telephone (972) 731-2288
Name (Print Type)	Rodney B. Carroll	Date	12-14-04

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Atty Docket: (990176) (1391-26101)

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Bruce H. Storm, et al	§	
		§	Group Art Unit: 2856
Serial No.:	10/729,161	§	
		§	Examiner: Rose Mary Miller
Filed:	December 5, 2003	§	
		§	Confirmation No.: 8565
For:	SINGLE TUBE DENSITOMETER	§	

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence and PTO Form 1449 with citations attached, is being deposited with the United States Postal Service by First Class Mail, postage prepaid, addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

12-14-2004

(Date of Deposit)

Edith Shek

Edith S. Shek

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner:

This Supplemental Information Disclosure Statement, including completed Form PTO-1449, comprises a list of pertinent art of which Applicants are aware. Because this application was filed after June 2003, no copies of the cited U.S. patents or published applications are required. This information is supplemental to the Information Disclosure Statements filed in the above-referenced matter on March 4, 2004 and March 17, 2004.

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The submission of this Supplemental Information Disclosure Statement and Form PTO-1449 is not an admission that the art cited is "prior" with respect to the present invention, nor is it a representation that no better art exists. Applicants hereby reserve the right to swear behind or otherwise disprove any alleged "prior" nature of any art cited should the facts support and that situation warrant such an action. It is submitted that the art cited does not constitute a bar to the patentability of Applicants' invention under 35 U.S.C. § 102 or § 103.

Because an Office Action has been entered in this case, this Supplemental Information Disclosure Statement is being filed under C.F.R. 1.97(c). Applicants hereby authorize a charge of such fee to Deposit Account Number 50-1515 of Conley Rose, P.C., Texas so that this Supplemental Information Disclosure Statement may be considered.

Respectfully submitted,
CONLEY ROSE, P.C.

Date: _____

12-14-04



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